

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155784		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/23/2012	
NAME OF PROVIDER OR SUPPLIER MICHIANA HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1420 E DOUGLAS RD MISHAWAKA, IN 46545			
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F0000	<p>This visit was for the Investigation of Complaints IN00104133 and IN00104251</p> <p>Complaint IN00104133 Substantiated Federal/State deficiencies related to the allegation are cited at F203</p> <p>Complaint IN00104251 Substantiated. Federal/State deficiencies related to the allegation are cited at F203</p> <p>Survey date: February 23, 2012</p> <p>Facility number: 012329 Provider number: 155784 AIM number: 201002500</p> <p>Survey team: Sandra Haws RN</p> <p>Census bed type: SNF: 30 SNF/NF: 46 Total: 76</p> <p>Census payor type: Medicare: 31 Medicaid: 27 Other: 18 Total: 76</p> <p>Sample: 3</p>		F0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>This deficiency also reflects State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed 2/28/12 Cathy Emswiller RN</p>						

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F0203 SS=E	<p>483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE</p> <p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State</p>						

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	<p>long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on interviews and record review, the facility failed to ensure documentation related to Notice of Transfer or Discharge was available in the resident's record after discharge to ensure the resident was made aware of his or her appeal rights for 3 of 3 residents discharged from the facility in a sample of 3. (Residents # B, #C, and # D)</p> <p>Findings include:</p> <p>1. Resident # B's record was reviewed on 2/23/12 at 11:00 a.m. the resident's record indicated diagnoses of, but not limited to; Left hip fracture, diabetes and peripheral vascular disease.</p> <p>The residents quarterly MDS (Minimum Data Set) assessment dated 12/10/12 indicated the resident's cognition was intact.</p>	F0203	<p>F203 It is the practice of this facility to provide the resident with written notice of their right to appeal discharge to the State; the name address and telephone number of the State long term care ombudsman.</p> <p>CORRECTIVE ACTION: Resident B, C, and D were provided the transfer/discharge with appeal information upon discharge from the facility. Supportive documentation is not available. HOW OTHERS IDENTIFIED: All residents being discharged or transported out of facility are at risk. PREVENTATIVE MEASURES: Sticker with the following information has been added to the Social Service Discharge Summary. "Notice of Transfer or Discharge, Notice of Transfer Discharge Request for Hearing, Nursing Facility Bed Hold Policy given on _____." With a</p>		02/27/2012		

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	<p>The resident's record indicated he was discharged from the facility on 2/15/12. The record lacked information to indicate the resident was given a Notice of Transfer or Discharge, or notification of his appeal rights.</p> <p>During a phone interview with APS (Adult Protective Services) # 4 on 2/23/12 at 12:40 p.m. she indicated she had gone to see the resident at his home when he returned from the facility. She indicated she had looked at his discharge papers and the only paper she could find was a notice of lack of payment.</p> <p>During an interview with the Administrator on 2/23/12 at 2:00 p.m. she indicated the facility did not offer the resident an involuntary discharge notice because he left voluntarily. She further indicated there would not be any Notice of Transfer or Discharge in his record because it was sent with him at the time of discharge.</p> <p>During a continued interview with the Administrator regarding discharge documentation, she indicated the physician only writes the order to discharge, the nurse only writes the discharge instructions out and Social Service fills out his discharge form.</p>			<p>place for resident signature. A sticker with the following information was added to the Resident Transfer Form. "A copy of the Notice of Transfer or Discharge, Notice of Transfer or Discharge Request for Hearing, and nursing Bed Hold Policy were sent with this resident on _____ (nurse signature) _____". Both of these will ensure that supportive documentation is available to ensure that the information was sent with residents upon discharge from facility. MONITORING: DON and/or designee will monitor the charts of residents that go out for appointments or residents that are discharged from facility to ensure that the transfer/discharge/appeal information has been provided. Findings will be addressed through the facilities monthly QPI process. Any deficient practice noted will be addressed through education, in-service and/or disciplinary action.</p> <p>ADDENDUM: DON and/or designee will monitor the charts of residents going out for appointments or who are discharged home daily for 2 weeks, then 3 times per week for 4 weeks, then weekly for 16 weeks, then monthly for 2 months.</p>			

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	<p>Nothing was mentioned regarding the resident being notified of his or her appeal rights.</p> <p>During an interview with Social Service # 5 on 2/23/12 at 2:20 p.m. regarding transfer or discharge documentation, he indicated he makes a note in the record and has a form he uses when a resident is discharged.</p> <p>Review of a Social Service form titled "Social Service Discharge Summary" dated 2/15/12 3:30 p.m. indicated the following information; The resident's name, where the person is discharged to, mode of transportation, any referrals made, notification (resident, family, receiving agency), discharge information (equipment, orders from physician, interdisciplinary team aware) and follow up (contact person). The area for additional comments was blank. No where on the form or in the resident's record was information to indicate the resident was given the information for Transfer Discharge instruction or appeal rights concerning his discharge at that time.</p> <p>2. Resident # C's record was reviewed on 2/23/12 at 2:05 p.m. The resident's record indicated diagnoses of, but not limited to; Iron deficiency anemia,</p>						

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	<p>bronchitis and coronary artery disease.</p> <p>The residents Admission MDS (Minimum Data Set) assessment dated 2 /12 indicated the resident's cognition was intact.</p> <p>Review of Social Service Discharge Summary dated 2/21/12, 2:00 p.m. indicated the following information; The resident's name, where the person is discharged to, mode of transportation, any referrals made, notification (resident, family, receiving agency), discharge information (equipment, orders from physician, interdisciplinary team aware) and follow up (contact person). The area for additional comments was blank. No where on the form or in the resident's record was information to indicate the resident was given the information for Notice of Transfer or Discharge or appeal rights concerning her discharge at that time.</p> <p>The resident's record indicated she was discharged from the facility to home on 2/21/12. The record lacked information to indicate the resident was made aware of her appeal rights by having documentation regarding a Transfer Discharge notice being given to the resident at time of discharge.</p>						

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	<p>3. Resident # D's record was reviewed on 2/23/12 at 3:30 p.m. The resident's record indicated diagnoses of, but not limited to; Morbid obesity, and chronic corpulmonale. The resident's record indicated she was discharged from the facility on 1/18/12.</p> <p>Review of Social Service Discharge Summary dated 1/20/12, 4:00 p.m. indicated the following information; The resident's name, where the person is discharged to, mode of transportation, any referrals made, notification (resident, family, receiving agency), discharge information (equipment, orders from physician, interdisciplinary team aware) and follow up (contact person). The area for additional comments was blank. No where on the form or in the resident's record was information to indicate the resident was given the information for Notice of Transfer or Discharge instruction or appeal rights concerning her discharge at that time.</p> <p>The record lacked information to indicate the resident was made aware of her appeal rights by having documentation regarding a Notice of Transfer or Discharge being given to the resident at time of discharge.</p> <p>During an interview with the Director of Nursing on 2/23/12 at 5:30 p.m. regarding</p>						

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	<p>Transfer Discharge notices and appeal rights for discharged residents, she stated "You won't find one on any discharged resident's chart."</p> <p>This Federal tag relates to Complaints # IN00104133 and # IN00104251.</p> <p>3.1-12(a)(5)</p>						